

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/19/02.

I. DISPUTE

Whether the requestor should be refunded for therapeutic procedures 97110 x 5 units, therapeutic activities 97530 x 5 units, ultrasound therapy 97035 x 5 units, electrical stimulation 97014 x 5 units and from 4/4/02 through 4/22/02.

II. RATIONALE

Rule 133.304 (a-b) states, "Except as provided in subsections (d) and (e) of this section, an insurance carrier shall take final action on a medical bill not later than the 45th day after the date the insurance carrier received a complete medical bill.

- (b) Final action on a medical bill includes one or more of the following:
- (1) sending payment that makes the total reimbursement for that bill a fair and reasonable reimbursement in accordance with §133.1(8) of this title (relating to Definitions for Chapter 133, Benefits—Medical Benefits);
 - (2) denying a charge on the medical bill; or
 - (3) requesting reimbursement for an overpayment."

The medical bills submitted by the requestor (carrier) indicate the disputed bills were submitted electronically by the medical provider (respondent) from 4/9/02 through 4/23/02. Since the bills were submitted and received electronically, the dates the disputed bills were received by the carrier are the same dates they were submitted by the medical provider.

The requestor (carrier) sent notice to the respondent (provider) on 5/30/02 requesting refund for their payment. The medical provider submitted and the carrier received electronic billing on 4/9/02, 4/12/02, 4/15/02, 4/22/02 and 4/23/02. Per Rule 133.304 (a-b) medical services provided on prior to 4/11/02 are outside the 45 day limits and will not be considered in this review. The medical services from 4/11/02 through 4/22/02 are within the 45 day limit.

The requestor abided by Commission Rule 133.304 (a-b) as required for dates of service 4/11/02 through 4/22/02. Therefore, all services rendered from 4/11/02 through 4/22/02 are reimbursable to the requestor (carrier).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for refunded for therapeutic procedures 97110 x 5 units, therapeutic activities 97530 x 5 units, ultrasound therapy 97035 x 5 units and electrical stimulation 97014 x 5 units and from 4/4/02 through 4/22/02 in the amount of **\$535.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$535.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of November 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division